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05/20/2004

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Carolyn Tobias	(Depositor's name)
<i>Carolyn Tobias</i>	(Signature)
July 28, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/066,054	01/31/2002	Dorin Panescu	267/107	3947

TITLE OF INVENTION: COMPENSATION FOR POWER VARIATION ALONG PATIENT CABLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PEFFLEY, MICHAEL F	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1 Bingham McCutchen LLP

2 _____

3 _____

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Scimed Life Systems, Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Date)

David Bune

7/28/04

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